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U.8. DEPARTMENT OF COM Bubellide for Form PTO-era Application of Docket Number CLAIMS AS FILED - PARTI · (Oolumn 1) (Column 2) SMALL ENTITY OTHER THAN QR FOR SMALL ENTITY HUMBER FILED BASIO FEE (37 OFR 1.16(8)) NUMBER EXTRA RATE FEE TOTAL CLAIMS RATE FEE (37 OFR 1.16(0)) INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 20 = OR 770 X # x 1 18= OR minus 3 = MULTIPLE DEPENDENT CLAIM PRESENT x 186 ÖR (37 OFR 1.16(d)) * If the difference in column 1 is less than zero, enter "0" in column 2. OR. TOTAL CLAIMS AS AMENDED - PART II OR TOTAL (Column i) (Column 2) (Column 3) CLAIMS REMAINING SMALL ENTITY OTHER THAN OR HIGHEST ENDMENT SMALL ENTITY NUMBER AFTER AMENDMENT PRESENT RATE PREVIOUSLY EXTRA ADDI: Tolal PAID FOR TIONAL ADDI. Minus FEE TIONAL Independent (3) CFR (.16(b)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 GFR 1.16(U)) OR OR. TOTAL TOTAL ADD LIFEE (Column 1) OB ADDIL FEE (Column 2) (Column)) CLAIMS REMAINING HIGHEST AMENDMENT NUMBER PRESENT AFTER AMENOMENT RATE PREVIOUSLY EXTRA YOU Total preministra TIONAL RATE PAID FOR 4001 telinps ree TIONAI. FEC Independent (3) CFR 1.16(b)) Minús OF FIRST PRESENTATION OF MULTIPLE DEPENDENT GLAIM (37 CFR'1, 15(d)) OR: OВ ADD'L FEE TOTAL OR (Column 1) ADD'L FEE (Column 2) CLAIMS (Column 3) O HIGHEST FN PRESENT NUMBER AFTER RATE PREVIOUSLY ADDI-AMENDMENT EXTRA RATE (3) CFR 1.16(c)) PAID FOR TIONAL ADDI-AMENDA Minus-FEE TIONÁL Independent FEE X 1 ---Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM. (37 GFR 1.16(d)) ÖR OR. TOTAL f if the entry in column 1 is less than the entry in column 2, write "0" in column 3 If the entry in column 1 is less than the entry in column 2, write visit column 3. If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter '20". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter '3". ADD'L FEE TOTAL. OR ADD'L FEE The Highest Number Previously Peld For Motal or Independent is the highest number found in the appropriate box in column 1.